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AUTHOR Nagaraja, Jaya; Suppiah, Chandraseagran
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ABSTRACT

This symposium contains reports on: (1) a study of drug abuse among adolescents in India, by Jaya Nagaraja; and (2) a case study of factors contributing to drug addiction among Malaysian youth, by Chandraseagran Suppiah. Based on a sample of 1,000 adolescents attending metropolitan city colleges, findings of the Indian study concern psychological aspects of drug abuse among youth, such as narcissism and low self-esteem, as well as the contributory role of some parents to their children's drug problems, and psychiatric manifestations of drug addiction. In conclusion, facts about drug use are listed, including data about prevalence, types of common drugs used, conditions for which psychiatric consultation was sought, types of users, and the extent to which experiences with drugs fulfilled users' expectations. Twelve male inmates of a drug rehabilitation center who were between 15 and 25 years of age and of Malay, Chinese, or Indian descent were involved in a study of factors contributing to drug addiction among Malaysian youth and how these factors interact and reinforce one another. Considered were the influence of ethnicity on addiction, as well as exposure to drugs and the contributory role of certain family characteristics. (RH)

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SYMPOSIUM IV C : Problems of Adolescents and Youths

CHAIRPERSON *Mr. Leo Kennedy*

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Drug Abuse Among Adolescents

Jaya Nagaraja

INTRODUCTION

In recent years, parents and teachers have become much more conscious of the infatuation of youth with hallucinogenic drugs. For a long while, one used to sit back and view the western youth and call them 'addicts', heaving a sigh of relief that our youth were beyond this and were more stable and responsible. We fail to realise that the day was not too far for all of us to despair. It is not easy to understand the intense interest of youths in these drugs and to determine when and how our youth become infected with the habit.

Anna Freud said that 'any youth who does not present a desire for rebellion must leave us uneasy'. This, however, is not the story of our Indian youths who have been always described as obedient, compliant to traditial norms and, in particular, home norms. If so, when did this transformation among our youth take place?

METHODOLOGY

The use of drugs has become a problem among adolescents, especially students between the ages of 14–21 years. Frequent appearance of adolescents addicted to drugs led the Department of Psychiatry, Government Hospital for Mental Care, Visakhapatnam, Andhra Pradesh, India to conduct a survey among college going students for drug abuse. An adolescent sample of 1,000 cases was studied. The sample was drawn from metropolitan city colleges, both professional and preparatory. Of this population, 25% of the cases had come to the Hospital with florid

symptoms for psychiatric intervention. About 15% lacked interest in their studies and failed their academic courses due to a steady loss of speed, accuracy and concentration. Another 8% had shown delinquent behaviour patterns, played truant, and stole money to obtain drugs. About 3% had encounters with the law.

Questionnaires and interview schedules were utilised to collect data and where possible, parents were interviewed. The cases were psychologically tested and psychiatrically evaluated. Drugs commonly used by this population was also recounted and recommendations were sent to the 'Drug Study' bureau at the national level.

DRUG ABUSE AMONG YOUTH

In Indian culture, there is considerable emphasis on prolonged education and attainment of goals which are not only prestige orientated but life orientated. Except for this, the youths are not burdened with school and family responsibilities even though they exert considerable influence on every move of theirs. This results in an unstable group of youths due to the fact that they are removed from the security of childhood and thrown into a preparatory phase for adulthood with well-defined social roles and position which youths are supposed to attain during this mid-phase of their lives. It is in this phase that youths are perplexed and in a dilemma. The secure submissive childhood is abandoned and yet another adult-conforming position which is to be attained is viewed as a second surrender, an annihilation of 'Self'. Parents, teachers and all those who stand for authority form a driving force, driving the youth towards the adult goals. The young, on the other hand, view it with skeptisism, distrust and as subjugation. They refuse to abide by the rules and tend to form new ideologies. Undoubtedly, the challenge of these youth creates considerable anxiety in the society because their attitudes and activities can be self-destructive.

In particular, social groups where puberty is of a short transitional period and children who receive adult status rapidly – they form new identifications with their elders and follow the ancestoral tradition without a long mid-period – have shown less drug abuse. However, in the sector where emphasis is on education, high-achieving goals and greater responsibility orientation, these very conditions imposed upon the youth seem to be responsible for a proliferation of drug abuse. The stress and strain of the transitional period, the search for identity, the need for conformity and recognition, lack of identity figures and the responsibility ahead of them seem to propel them into restlessness and rebellion, and drug abuse becomes the end product of these features.

The narcissism of youth is severelly taxed at this point of the developmental period and the ego ideals require readjustment which, in most cases, resent surrender to parental goals and submission to authority

viewed as loss of one's self-esteem. There is a pressing need for the youth to prove to himself and especially to his peer group of his new found independence and to show that he is not submissive. Submission is viewed as a loss of self-esteem and this leads to a loss of self identity which, in turn, results in depression and a loss of security. In search of new security and identity, and to escape from depression or the condemnation and criticism of their super ego, youths take to drugs.

Youth with low ego ideals find easy rationalisation in the use of drugs which superficially alleviate the ego. Youngsters who have difficulty in impulse control and are given to swings – from exuberance to despair – search for quick solutions which most frequently involve a feeling of supremacy. This, of course, is attained rapidly with the consumption of drugs.

The idealistic youth also becomes a victim of the drug-taking habit because his super ego is too rigid to come to any compromise. Underneath this, the youth feels weak, dependent, frightened and has a need to compensate with feelings of omnipotence. The feeling of 'really being great' is secured by being dependent on drugs.

When a youth tries to assert himself against parental and social convention in the hope to achieve independence and self-esteem, he feels phobic. Challenging the rules of the adults is only a reflection of the inner feelings of weakness. To combat this weakness, insecurity and fear, they turn to the unknown, the strange feeling and the thrill arising from the taking of drugs.

Youth who are bored with life experiences, endowed with money and with time on their hands, consider the taking of risks and experiencing of thrills to become almost a hobby or an obsession and thus are entrapped in the folds of drug usage.

Gaining of pleasure and the feeling of mastery and potency is a need of every human individual. The interest of youth to have mystic experiences and depart beyond the usual urges them to indulge in the hallucinogonic drugs. A strong feeling of self assertion and superiority, together with a distinct identity over their adults who lack this experience, adds to the ego satisfaction.

The growing feeling of anti-authoritarianism increases disrespect for the law. Furthermore, the use of prohibited drugs is viewed as an act of heroism. It appears that the problem of 'youth crisis' is one of the causes of an increase in the use of drugs.

Loners and those who cannot establish a healthy interpersonal relationship are also known to have taken to drugs. The drugs create an illusion of closeness and this, in turn, gives a feeling of security and belongingness.

Youths who are neurotic prefer escape from anxiety by the use of drugs than to resolve the problem itself. Instead of confronting the alienated environment, they loose their own determination in life and succumb to drugs.

ROLE OF PARENTS

The failure on the part of many parents to take a firm stand due to the fear of causing trauma to their offsprings or the need on the part of parents to be loved leads to an inability to discipline their youngsters. This inability of parents to provide discipline or guidance to their children forms yet another factor which can cause the young to go astray. The children of such families are more likely to be provided with the luxuries of life which replace maternal and paternal love and care. Many parents who are emotionally immature themselves prefer to be ignorant of the activities of their children and consider emotional non-involvement as a shelter against their own inadequacies.

We also come across punitive and rigid parents who are unable to view things on a 'give and take basis'. They enforce ineffective rules which alternate with withdrawal of support and laxity, and often become over critical of the activities of the young.

Parents who shun their responsibilities and pass them on to grandparents or authorities in schools and other institutions unconsciously withdraw their love from discipline of the young, leaving them to their own resources. Perplexed at the crossroads, they often rely on individuals who may lead them to the road of destruction in the way of drug consumption.

An adolescent raised in an unhealthy environment becomes alienated and feels a deep sense of helplessness, isolation and humiliation. He then tries to rebel against or detach himself from such a home environment by resorting to deviant ways.

PSYCHIATRIC MANIFESTATIONS OF DRUG ADDICTION

The prolonged use of drugs leads to a variety of pathological responses, chief of which are:

(1) Memory impairment.
(2) Poor judgement.
(3) Reduced comprehension.
(4) Lack of clarity of thought.
(5) Difficulty in making decisions.
(6) Deterioration of volition.
(7) Reduced energy output and a depressed and neurotic effect.

(8) Decrease insight and decline in academic performance.
(9) Decrease in the ability to perform abstract reasoning.
(10) There is a loss of effectivenes and diminished capacity to carry out complex plans.
(11) Low tolerance.
(12) Lack of ability to master new skills.
(13) Drug induced psychosis.

SOME FACTS ABOUT DRUG USE

The average age group was between 18 to 22 (teenagers to young adults). Prevalence of drug abuse was formed in the following proportions:

High school	6%
College	42%
Post graduate schools	18%
Medical contribution for drug abuse (in all age group)	24%

Some of the common drugs used are indicated below:

Opium	4%
Marijuana	14%
Pethidine and morphine	38%
Multiple addiction	20%
Dexedrine group	16%
Minor tranquilisers (Calmpose, hyponotex, mandrax equinal etc.)	6%

Psychiatric consultation was sought for:

Depression	23%
Maniac and boistrousnous	50%
Socially withdrawn and decline in performance	13%
Confronted with law and order – involved in accidents	2%
Antisocial and gang behaviour behaviour	7%

Type of users relate to:

Single time	31%
One to ten times' experience	15%
More than ten times habituates but not dependent	28%
Dependent on drugs (This groups does not include alcoholics for the prevalence of alcohol intake is much more in young adults than drug abuse).	26%

Types of experiences are shown below:

Happy trips (fulfilling experiences)	78%
Bad trips (toxic reactions)	22%

(This experience depends upon the strength, quality, and dose of the drug. There is no way of determining the optimal dose for any one particular individual).

In terms of sex, drug taking is prevalent among males (92%) and females (8%).

CONCLUSION

The study was conducted among the student population that attended the outpatient division of the Psychiatric Clinic and a random sample was made:

(1) Although causal mechanism could not be pinpointed, drug taking was psychopathological in origin.

(2) Socioeconomic status was not a potential factor.

(3) Gender involved was very significant when compared with their western counterparts wherein almost an equal number of girls and boys resorted to drugs.

(4) Imitation, peer recognition, mysticism, depression and frustration in life situations, inability to cope with the real world and a rebellions attitude against authority were found to be some of the factors which contributed to drug taking by youths. Parents were also found to be a contributory factor.

(5) It is noted that the frequency and types of drugs used have increased in recent years. Moreovèr, it is found that none of these drugs are very safe. Drug-related admission to the inpatient psychiatric unit was also noted to be on the increase.

(6) Evidence suggests that drug usage and addiction is a common pathway for a variety of disorders and they present a multitude of symptom patterns, each with a unique cause and response sequence.

(7) A relation between psychological status and other problems were established in all of the cases, supporting and highlighting the importance of psychogenic factors in drug usage.

(8) That 'most youth make use of the first part of their life to render the last part miserable' seems to be the keynote of the youth of today.

Factors Contributing to Drug Addiction Among Youths: a Case Study of Twelve Inmates at a Drug Rehabilitation Centre

Chandraseagran Suppiah

INTRODUCTION

The causes of drug addiction among youths have been extensively researched in countires like the United States of America and England. They have been able to identify various psycho-social factors that contribute to drug addiction among youths. However, these factors cannot be generalised to all cases of drug addiction (Weiner, 1970). This is because youths abuse drugs for many different reasons under different circumstances and conditions. The research findings in the United States of America and England may not be true of Malaysia as evidenced by the many differences in the research findings between the United States of America and England (Weiner, 1970).

In Malaysia, the considerable amount of research done have been able to identify various psycho-social factors contributing to drug addiction among youths. However, identification of these factors by quantitative methods may not fully explain why an individual becomes an addict. It is felt that there is a need for qualitative studies, in particular, to ascertain how the various factors interact and reinforce one another in different circumstances and conditions in the process of leading an individual to eventual addiction.

Therefore, the main concern of this study is to identify the major factors that contribute to drug addiction and how these factors interact and reinforce one another. For this purpose, each subject has to be investigated and analysed individually. This study also attempts to ascertain if there is any common pattern among the subjects studied.

SAMPLE

Twelve male inmates from the Kuala Kubu Bahru Drug Rehabilitation Centre were selected as the sample for this study. Race and age were used as criteria for the selection. Four Malays, Chinese and Indians within the age range of 15 to 25 years were selected. However, all those selected volunteered to participate in this study.

Procedure

The data for this study was obtained from:

(1) partially structured informal interviews and conversation;
(2) confidential records and
(3) personal observation.

FINDINGS AND DISCUSSION

Due to the limitations of time and space, it is not possible to analyse the findings of each case in detail. Thus only the summary of the findings are reported in this paper.

An analysis of the twelve cases reveals that several factors are responsible for addiction. These factors are the family group, drug prone environments, availability of drugs, curiosity and emotional problems (see Table 1).

Factors Contributing to Drug Addiction in the Different Racial Groups

The absence of a father figure in the family was found to be common among the four Malay subjects. Friends and the availability of drugs appeared to be another common factor among these four Malay addicts. These were friends at work, in the neighbourhood and school, and who were roommates. Curiosity as a factor was found in only two of the four cases. Emotional problems and a drug prone environment were found in one case each.

Among the four Chinese drug addicts studied, the family, peer group and availability of drugs were found to be common in all the four cases. Unlike the Malay cases, it was not possible to pin-point a single common factor within the Chinses family. Father absence was found in only two cases while two other cases were concerned with mothers. In one of the cases, the subject had problems with his stepmother while in another, the subject had severe emotional problems due to his mother. Peers in the form of cousins were found to be important in two of the cases. Friends in the working environment and in the school were also found to be responsible for exposing and initiating drug abuse in three of the cases.

Four common factors could be identified with the Indian drug addicts. They were the family, peer group, availability of drugs and a drug prone environment. Among the Indians, the lack of parental control and poor role model provided by the fathers appeared to be the more important

factor than just father absence. This is because father absence was found in one of the cases only. Alcholic fathers were found in two of the cases. Peers comprised of friends in the neighbourhood and friends at work. Curiosity among the Indians was more common than the other two factors since in three of the four cases, the subjects were initiated to drugs through curiosity. Emotional problems were identified in two of the cases.

An analysis of the factors contributing to drug addiction among the three races indicates some similarities and differences. Among family members, fathers appeared to play an important role in preventing youth from becoming drug addicts. Father absence was found to be the common factor in all of the Malay cases, two in the Chinese and one in the Indians. Though only one case of father absence was found among the Indians, lack of father's involvement in disciplining the subjects concerned and poor role-model were found in three cases out of the four. Among the Chinese, inadequate supervision and care by the fathers could be attributed in three of the cases. A close father-son relationship was found in only one of the Chinese subjects. In this case, the absence of the mother could be responsible for the subject's emotional problems and his resort to drugs for solace. Generally, in all the twelve cases, mothers seemed to play a less important role in contributing to drug addiction. This is because mother absence and inability to get along with the mother were found only in four of the cases. The Indians seemed to be very susceptible to a drug prone environment and peer influence.

Major Factors Contributing to Drug Addiction

At first glance, there appears to be many factors contributing to drug addiction. However, a closer examination shows that these factors can be grouped into two major categories. These are exposure to drugs and the family.

Exposure to Drugs

Exposure to drugs can take place through various means such as the peers, availability of drugs and a drug prone environment. Often, these three means of exposure do not act in isolation for they tend to interact with one another. When they interact, they reinforce each other and thus pose a powerful force that often lead to involvement in drugs.

Friends and relatives played an important role. They appeared to be the first of the factors to expose drugs to others as well as to make drugs easily available. The friends in the school were only found in two of the cases and they introduced *ganja* to the subjects. Friends in the neighbourhood and in the working environment seemed to have greater influence over the subjects, especially in the introduction of heroin.

The role of the friends in the neighbourhood can be seen in two ways. Firstly, they were important in exposing and making drugs readily available as well as in tempting them into drug abuse. Secondly, they also

Table 1
Factors Contributing to Drug Addiction

Cases	Factors					
	Family	Emotional Problems	Peer Group	Availability of Drugs	Curiosity	Drug Prone Environment
	Malay Subjects					
1	Father-two wives. Absence of a father.	Loneliness and frustration due to separation from a girl.	Friends in the working environment	–	–	–
2	Absence of parents due to parental rejection.	–	School friends. Friends in the working environment.	–	–	–
3	A lack of parental control. Absence of father.	–	Roommates.	–	–	–
4	Father's absence. Brother is a drug addict.	–	Neighbourhood friends.	–	–	–

Table 1 (contd.)

	Chinese Subjects					
5	Father's absence. Father is authoritarian. Brothers – alcoholic, gambling problems.	Problems with parents and brother over his girl friend.	Cousin brother.	–	–	–
6	Lack of parental control. Father absent for long period.	–	Friends in the working environment.	–	–	–
7	Father is an alcoholic. Mother's absence. Problems with stepmother.	Failure in love.	School friends. Friends in the working environment.	–	–	–
8	Severe problems with his mother.	Failure in love.	Cousin brother. School friends.	–	–	–

Table 1 (contd.)

	Indian Subjects					
9	Lack of parental control. Mother's absence. Sibling rivalry.	Instability due to mother's death. Fear of the future.	Neighbourhood friends.	–	–	–
10	Father is an alcoholic. Brother is a drug addict. Lack of parental control.	–	Neighbourhood friends.	–	–	–
11	Lack of parental control. Father is an alcoholic.	–	Neighbourhood friends. Friends in the working environment.	–	–	–
12	Absence of parents. Absence of a home.	Problems related to love affair. Being labelled as a thief and drug addict. Without a home.	Friends in the working environment.	–	–	–

provided a drug prone environment so that the children who grew up in such an environment became familiar with drug abuse.

Peers are not only important in initiating drug abuse but also important in the subjects continued involvement in drugs. In five out of the twelve cases, the peers acted as a constant source of temptation on subjects who wanted to give up the drug habit. Everytime they came into contact with peers who were already seriously involved in drugs, they were tempted to consume drugs again.

Many local studies have identified peer group as one of the major factors contributing to drug addiction (Chee, 1973; Navaratnam and Spencer, 1976; Yadav, 1977). However, they did not identify the type of peers and their specific roles. They emphasised the role of the peer group in initiating drug use but did not indicate the part played by them in continued involvement in drugs. The findings of this study indicated that peers do not function as initiating agents only but also serve as suppliers and reinforcing agents.

It is easy to become involved with drugs if they are readily available. The easier the availability of drugs, the greater is the possibility that more youths will be exposed and exposure may lead to experimentation. The easy availability of drugs may also be responsible in the subjects' continued involvement in drugs and may prevent addicts from attempts to overcome this habit. For example, two of the subjects were off drugs when they were unavailable. However, their drug-taking habit was resumed when drugs became easily available. Generally, all the subjects indicated that drugs were easily available in Malaysia. Shortages were experienced during certain periods and even then, shortage occurred only in certain types of drugs.

Constant exposure to drugs through peers, availability of drugs and a drug prone environment may arouse an individual's curiosity to experiment with drugs. Local research findings by Yadav (1977), Nawi (1978) and Spencer and Navaratnam (1981) idendified curiosity as a factor although attempts were not made to relate it to the exposure of drugs. Curiosity may not occur in siolation for it is closely related to exposure to drugs. The findings of this study showed that in all of the six cases, curiosity was aroused when the subjects witnessed the consumption of drugs by peers or were shown how to enjoy them.

Although this study has identified exposure to drugs as the most important factor leading to drug addiction, it is important to note that exposure to drugs through peers, availability of drugs, and a drug prone environment may not dispose a person towards drug addiction if other factors are absent. Among the other factors, the family of the drug addict plays a dominant role. This is because the family is the basic agent of socialisation and an important source for the healthy development of the individual.

Family

Family was found to be a factor responsible for the subjects' submission to the temptation and their inability to 'kick off' the drug habit. Of all the members in the family, the father seemed to play the most important role. All cases pointed to the inadequate supervision given by the fathers to their sons, lack of discipline and control, and inadequate role-model as important probable contributing factors to drug addiction.

The mother played a less important role in that they were related to the subjects' eventual addiction in four cases only. The analysis shows that the addicts lacked mother's love and emotional support. The lack of mother's love and care was also brought about by the death of one's mother or through the neglect of one's natural mother.

Generally, the addicts came from families where there was a lack of closeness and love among the siblings. In a few cases, the siblings were also poor models as they were either alcoholics, gamblers or drug addicts. Consequently, these subjects felt neglected and unwanted, unloved and alone. When they encountered emotional problems, they were unable to handle them. In addition, they did not have the kind of family that gave them the moral and emotional support during periods of emotional crisis.

This study has revealed the specific roles played by various members of the family. It clearly indicated that the father was the most important member of the family in contributing to eventual drug addiction among the subjects studied.

CONCLUSION

The study has identified some of the major factors that led to drug addiction among twelve male youths. Exposure to drugs and the family were two of the most important factors identified. Although they are important facotrs, they do not, however, operate in isolation. Various factors usually operate together and reinforce one another. Exposure to drugs does not necessarily lead to drug addiction. Continuous exposure to drugs may lead an individual to experiment with drugs but may not necessarily lead to drug addiction. Usually, it is a series of successive events which interact and reinforce each other and eventually culminates in drug addiction. No case histories are the same and each case can be unique. Stereotyping and labelling should be avoided as far as possible. Generalising the contributing factors to drug addiction of youths to the population of drug addicts may limit our understanding of the problem. Consequently, preventive or rehabilitation programmes may meet with limited success.

RECOMMENDATIONS

There is a need to carry out replicative studies of this nature on a more extensive scale so as to obtain a more representative sample of drug addicts so that if any generalisations are made, they will be more valid and relia-

ble. Studies of this nature are useful because data obtained by survey methods do not indicate the complexity of the problem, especially the interaction between the various contributing factors. Research efforts should be focussed on the exposure to drugs and the role of the family in contributing to drug addiction among youths. Similar studies should be carried out using female subjects as this study was only confined to male addicts.

Ethnographic studies should also be carried out to understand and further clarify the exact nature and impact of the drug sub-culture in rehabilitation centres and in drug prone and working environments. The outcome of such research findings will add new dimensions to existing studies and further our understanding of drug addiction. By dealing with the problem from various perspectives, we may be able to find a more effective solution to the drug problem.

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